



PATENT
Attorney Docket No. 81876.0059
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshimasa Tanaka, et al.

Serial No.: 10/734,834

Filed: December 12, 2003

For: DRIVER FOR DRIVING LOAD USING A CHARGE
PUMP CIRCUIT

Art Unit: 2822

Examiner: Kiesha L. Rose

Confirmation No.: 1938

I hereby certify that this correspondence is
being deposited with the United States Postal
Service with sufficient postage as first class
mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
September 27, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis 09/27/2005
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Petition for Extension of Time (3-Months).
☒ Replacement Sheets (Figs. 1-4).
☒ Annotated Sheets Showing Changes (Figs. 1-4).
☒ Return Postcard.

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	9	-	20	**	0	0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0		\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0	
Independent Claims: 22 and 23						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$___ to cover the additional claims to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the amount of \$1020 to cover the three-month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: September 27, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

By:

Dariush G. Adli

Registration No. 51,386
Attorneys for Applicants